

CACFP Required Information

Child's name:	Signature of approving official: _____ Date: _____	
Normal days of attendance: <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday	Normal hours of care: from: to: Do child's days/times/meals in care vary based on parent's alternate shifts at work? (circle one) Yes No	Normal meals received in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening snack
Parent/guardian signature: _____ Date: _____		

Approved 4/9/07

✂ _____

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